



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of:

NEENAH COUNCIL #5
Full name of office including district and/or department numbers if applicable

☒ DEMOCRAT
Name of Political Party

OR ☐ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot):

TERRY L. ALBRECHT

Mailing Address

3309 15th Ave So

City and State

GREAT FALLS, MT

Zip Code

59405

Residence Address

3309 15th Ave So

City and State

" " "

Zip Code

59405

County of Residence

CASCADE

Contact Phone

761-0533

Email Address

TERRY.ALBRECHT@GMAIL.COM

Website Address

SAMUS

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Terry L. Albrecht
Signature of Candidate

6/16/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of

Cascade

Signed and sworn to before me this

16 day of June

, 20

by

Terry L. Albrecht

Printed Name of Candidate

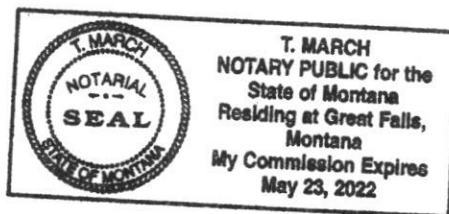
T Albrecht
Signature of Notary or Public Official

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office
A list of county election offices may be found at: sosmt.gov/elections



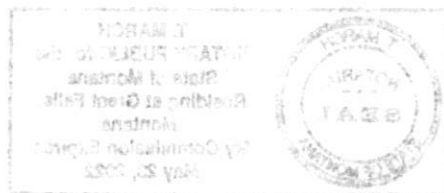
[SEAL/STAMP]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____





Declaration for Nomination and Oath of Candidacy

RECEIVED
MAY 25 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
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By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of: Neighborhood Council #5 ☐ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Marcia Anderson

Mailing Address: PO Box 6064 Great Falls 59406
Street or PO Box City Zip

Residence Address: 3208 12th Ave S Great Falls 59405
Street City Zip

County of Residence: Cascade Home/Mobile Phone: 406-750-3305 Work Phone: _____

Email Address: mkfander@gmail.com Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Marcia Anderson
Signature of Candidate

5/25/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 25th day of May, 2021 by Marcia Anderson

Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls MT

My commission expires: Sept 3, 2021

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801

Helena, MT 59620-2801

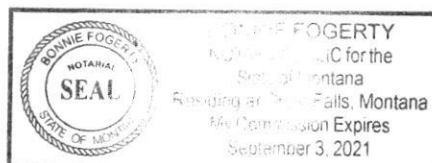
Online: sos.mt.gov

By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Office

A list of county election offices may
be found at sos.mt.gov/elections





Declaration for Nomination and Oath of Candidacy

RECEIVED
JUN 15 2021

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By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Council #5 ☐ _____ OR ☐ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): PAT BOLTON

Mailing Address 3241 18TH AVE SO City and State Great Falls, MT Zip Code 59405

Residence Address SAME City and State SAME Zip Code 59405

County of Residence Cascade Contact Phone 868-6559 Email Address pbolton@gmail.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: 3241 18TH AVE SO Residence Address: SAME

Phone: 406-868-6559 Email Address: pbolton@gmail.com Website Address: _____

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I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

PAT BOLTON
Signature of Candidate

6/15/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade County of 5th
Signed and sworn to before me this June day of June, 2021 by PAT BOLTON
Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, MT

My commission expires: Sept 3, 2021

Where to file Federal, Statewide,
State District and Legislative offices:

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BONNIE FOGERTY
NOTARY PUBLIC for the
State of Montana
Residing at Great Falls, Montana
My Commission Expires
September 3, 2021

[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

Filed this 28 day of April, 2021
Document # _____
Fee paid: ☐ cash ☒ check ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council I ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Eric E. Ray

Mailing Address 3401 15th Ave So City and State Great Falls, MT Zip Code 59405

Residence Address Same City and State _____ Zip Code _____

County of Residence Cascade Contact Phone 406-761-3426 Email Address Rombelray@yahoo.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

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Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 28 day of April, 2021 by Eric E. Ray

Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls, Montana

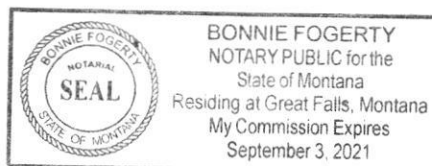
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[SEAL/STAMP]